



Receipt  
#3

Docket No.: 102689-0085  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re CIP Application of:  
Nicholas A. Langrind, et al.

Application No.: 09/838,310

Group Art Unit: 2152

Filed: April 19, 2001

Examiner: Not Yet Assigned **RECEIVED**

For: ISOLATED CONTROL PLANE  
ADDRESSING

AUG 31 2001

Technology Center 2100

**REQUEST FOR CORRECTED FILING RECEIPT**

Office of Initial Patent Examination Customer Service Center  
Commissioner for Patents  
Washington, DC 20231

Dear Sir:

Applicant hereby requests that a corrected Filing Receipt be issued in the above-identified patent application. The official Filing Receipt received by Applicant, a copy of which is attached hereto, has an error in

**the title should read: Isolated Control Plane Addressing**

**not Isolated Control Plane Processing**

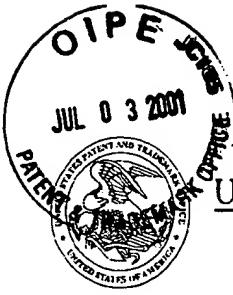
Applicant additionally requests that all pertinent U.S. Patent and Trademark Office records relating to the subject application be changed to reflect this correction.

Dated: June 29, 2001

Respectfully submitted,

By Reza Mollaaghataba  
Reza Mollaaghataba

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Attorneys for Applicant

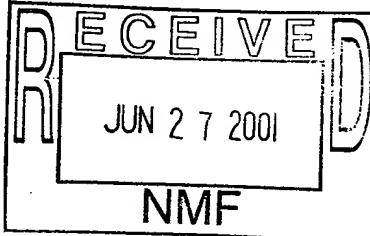


## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/838,310	04/19/2001	2152	355	102689-85	258	11	2

021125  
NUTTER MCCLENNEN & FISH LLP  
ONE INTERNATIONAL PLACE  
BOSTON, MA 02110



CONFIRMATION NO. 3608  
FILING RECEIPT



\*OC000000006222389\*

Date Mailed: 06/25/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Nicholas A. Langrind, Carlisle, MA;  
Brian Branscomb, Hopkinton, MA;  
Roland T. Provencher, Hudson, NH;

**Domestic Priority data as claimed by applicant****Foreign Applications**

If Required, Foreign Filing License Granted 06/22/2001

Projected Publication Date: To Be Determined - pending completion of Corrected Papers

Non-Publication Request: No

Early Publication Request: No

**\*\* SMALL ENTITY \*\***

**Title**

Isolated control plane processing  
addressing

**Preliminary Class**

709

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CONFIRMATION NO. 3608

Bib Data Sheet

SERIAL NUMBER 09/838,310	FILING DATE 04/19/2001 RULE	CLASS 709	GROUP ART UNIT 2152	ATTORNEY DOCKET NO. 102689-85
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## APPLICANTS

Nicholas A. Langrind, Carlisle, MA;  
 Brian Branscomb, Hopkinton, MA;  
 Roland T. Provencher, Hudson, NH;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*

\*\* 06/22/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 258	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

021125

## TITLE

Isolated control plane addressing

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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